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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* PP \*\*\*\*\*

This appln claims benefit of 60/121,048 02/22/1999 ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\* PP \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IRELAND	SHEETS DRAWING 15	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: PP Initials				

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## TITLE

Solid oral dosage form containing an enhancer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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